

Sheet No. 1

PCT

REQUEST

The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty.

For receiving Office use only

International Application No.

International Filing Date

Name of receiving Office and "PCT International Application"

Applicant's or agent's file reference SDUC1100J-WO
(if desired) (12 characters maximum)

Box No. I TITLE OF INVENTION: DENDRIMERS AS MOLECULAR TRANSLOCATORS

Box No. II APPLICANT ☐ This person is also inventor.

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

THE REGENTS OF THE UNIVERSITY OF CALIFORNIA
9500 Gilman Drive
La Jolla, California 92093-0910
United States of America

Telephone No.
(858) 534-7305

Facsimile No.

(858) 534-7345

Teleprinter No.

Applicant's registration No. with the Office

State (that is, country) of nationality: US

State (that is, country) of residence: US

This person is applicant for the purposes of:

☐

all designated States

☒

all designated States except the United States of America

☐

the United States of America only

☐

the States indicated in the Supplemental Box

Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

LG LIFE SCIENCES
104-1 Moonji-dong, Yusung-ku
Daejeon 305-380
South Korea

This person is:

☒

applicant only

☐

applicant and inventor

☐

inventor only (If this check-box is marked, do not fill in below.)

Applicant's registration No. with the Office

State (that is, country) of nationality: KR

State (that is, country) of residence: KR

This person is applicant for the purposes of:

☐

all designated States

☒

all designated States except the United States of America

☐

the United States of America only

☐

the States indicated in the Supplemental Box

☒

Further applicants and/or (further) inventors are indicated on a continuation sheet.

Box No. IV AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE

The person identified below is hereby/has been appointed to act on behalf of the applicant(s) before the competent International Authorities as:

☒

agent

☐

common representative

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

REITER, Stephen E.
FOLEY & LARDNER
P.O. Box 80278
San Diego, CA 92138-0278
UNITED STATES OF AMERICA

Telephone No.
(858) 847-6700Facsimile No.
(858) 792-6773

Teleprinter No.

Agent's registration No. with the Office
31,192☐

Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.

Continuation of Box. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)	
<i>If none of the following sub-boxes is used, this sheet should not be included in the request.</i>	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) GOODMAN, Murray 9760 Blackgold Road La Jolla, California 92037 United States of America	This person is: <input type="checkbox"/> Applicant only <input checked="" type="checkbox"/> Applicant and inventor <input type="checkbox"/> Inventor only (If this check-box is marked, do not fill in below.) Applicant's registration No. with the Office
State (that is, country) of nationality: US	State (that is, country) of residence: US
This person is applicant For the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) SEONG, Churl Min Expo Apt. 402-1033 Junmin-dong, Yusong Taejon 305-761 South Korea	This person is: <input type="checkbox"/> Applicant only <input checked="" type="checkbox"/> Applicant and inventor <input type="checkbox"/> Inventor only (If this check-box is marked, do not fill in below.) Applicant's registration No. with the Office
State (that is, country) of nationality: KR	State (that is, country) of residence: KR
This person is applicant For the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) HARMS, Guido Jacksted 3 26409 Wittmund Germany	This person is: <input type="checkbox"/> Applicant only <input checked="" type="checkbox"/> Applicant and inventor <input type="checkbox"/> inventor only (If this check-box is marked, do not fill in below.) Applicant's registration No. with the Office
State (that is, country) of nationality: DE	State (that is, country) of residence: DE
This person is applicant For the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) MIN, Changhee Kum-na-mu Apt. #201-803 Doonsan-dong, Suh-ku Daejon 302-736 South Korea	This person is: <input type="checkbox"/> applicant only <input checked="" type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only (If this check-box is marked, do not fill in below.) Applicant's registration No. with the Office
State (that is, country) of nationality: KR	State (that is, country) of residence: KR
This person is applicant For the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box	
<input checked="" type="checkbox"/> Further applicants and/or (further) inventors are indicated on another continuation sheet.	

Continuation of Box. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)	
If none of the following sub-boxes is used, this sheet should not be included in the request.	
<p>Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)</p> <p>CHOI, Byung Hyune 963-4 Bangbae-dong, Seocho-ku Seoul 137-846 South Korea</p>	<p>This person is:</p> <p><input type="checkbox"/> applicant only</p> <p><input checked="" type="checkbox"/> applicant and inventor</p> <p><input type="checkbox"/> inventor only (If this check-box is marked, do not fill in below.)</p> <p>Applicant's registration No. with the Office</p>
State (that is, country) of nationality: KR	State (that is, country) of residence: KR
<p>This person is applicant For the purposes of:</p> <p><input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box</p>	
<p>Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)</p> <p>CHUNG, Hyun-Ho 10590 Gaylemon Lane San Diego, California 92130 United States of America</p>	<p>This person is:</p> <p><input type="checkbox"/> Applicant only</p> <p><input checked="" type="checkbox"/> Applicant and inventor</p> <p><input type="checkbox"/> Inventor only (If this check-box is marked, do not fill in below.)</p> <p>Applicant's registration No. with the Office</p>
State (that is, country) of nationality: KR	State (that is, country) of residence: US
<p>This person is applicant For the purposes of:</p> <p><input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box</p>	
<p>Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)</p>	<p>This person is:</p> <p><input type="checkbox"/> applicant only</p> <p><input type="checkbox"/> applicant and inventor</p> <p><input type="checkbox"/> inventor only (If this check-box is marked, do not fill in below.)</p> <p>Applicant's registration No. with the Office</p>
State (that is, country) of nationality:	State (that is, country) of residence:
<p>This person is applicant For the purposes of:</p> <p><input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box</p>	
<p>Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)</p>	<p>This person is:</p> <p><input type="checkbox"/> applicant only</p> <p><input type="checkbox"/> applicant and inventor</p> <p><input type="checkbox"/> inventor only (If this check-box is marked, do not fill in below.)</p> <p>Applicant's registration No. with the Office</p>
State (that is, country) of nationality:	State (that is, country) of residence:
<p>This person is applicant For the purposes of:</p> <p><input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box</p>	
<p>Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)</p>	<p>This person is:</p> <p><input type="checkbox"/> applicant only</p> <p><input type="checkbox"/> applicant and inventor</p> <p><input type="checkbox"/> inventor only (If this check-box is marked, do not fill in below.)</p> <p>Applicant's registration No. with the Office</p>
State (that is, country) of nationality:	State (that is, country) of residence:
<p>This person is applicant For the purposes of:</p> <p><input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box</p>	
<input type="checkbox"/> Further applicants and/or (further) inventors are indicated on another continuation sheet.	

Box No. V DESIGNATION OF STATES

The following designations are hereby made under Rule 4.9(a):
Regional Patent

- ☒ **AP** ARIPO Patent: GH Ghana, GM Gambia, KE Kenya, LS Lesotho, MW Malawi, MZ Mozambique, SD Sudan, SL Sierra Leone, SZ Swaziland, TZ United Republic of Tanzania, UG Uganda, ZM Zambia, ZW Zimbabwe, and any other State which is a Contracting State of the Harare Protocol and of the PCT (if other kind of protection or treatment desired, specify on dotted line)
- ☒ **EA** Eurasian Patent: AM Armenia, AZ Azerbaijan, BY Belarus, KG Kyrgyzstan, KZ Kazakhstan, MD Republic of Moldova, RU Russian Federation, TJ Tajikistan, TM Turkmenistan, and any other State which is a Contracting State of the Eurasian Patent Convention and of the PCT
- ☒ **EP** European Patent: AT Austria, BE Belgium, BG Bulgaria, CH and LI Switzerland and Liechtenstein, CY Cyprus, CZ Czech Republic, DE Germany, DK Denmark, EE Estonia, ES Spain, FI Finland, FR France, GB United Kingdom, GR Greece, HU Hungary, IE Ireland, IT Italy, LU Luxembourg, MC Monaco, NL Netherlands, PT Portugal, RO Romania, SE Sweden, SI Slovenia, SK Slovakia, TR Turkey, and any other State which is a Contracting State of the European Patent Convention and of the PCT
- ☒ **OA** OAPI Patent: BF Burkina Faso, BJ Benin, CF Central African Republic, CG Congo, CI Côte d'Ivoire, CM Cameroon, GA Gabon, GN Guinea, GQ Equatorial Guinea, GW Guinea-Bissau, ML Mali, MR Mauritania, NE Niger, SN Senegal, TD Chad, TG Togo, and any other State which is a member State of OAPI and a Contracting State of the PCT (if other kind of protection or treatment desired, specify on dotted line)

National Patent (if other kind of protection or treatment desired, specify on dotted line):

- | | | |
|--|---|--|
| <input checked="" type="checkbox"/> AE United Arab Emirates | <input checked="" type="checkbox"/> GM Gambia | <input checked="" type="checkbox"/> NZ New Zealand |
| <input checked="" type="checkbox"/> AG Antigua and Barbuda | <input checked="" type="checkbox"/> HR Croatia | <input checked="" type="checkbox"/> OM Oman |
| <input checked="" type="checkbox"/> AL Albania | <input checked="" type="checkbox"/> HU Hungary | <input checked="" type="checkbox"/> PH Philippines |
| <input checked="" type="checkbox"/> AM Armenia | <input checked="" type="checkbox"/> ID Indonesia | <input checked="" type="checkbox"/> PL Poland |
| <input checked="" type="checkbox"/> AT Austria | <input checked="" type="checkbox"/> IL Israel | <input checked="" type="checkbox"/> PT Portugal |
| <input checked="" type="checkbox"/> AU Australia | <input checked="" type="checkbox"/> IN India | <input checked="" type="checkbox"/> RO Romania |
| <input checked="" type="checkbox"/> AZ Azerbaijan | <input checked="" type="checkbox"/> IS Iceland | <input checked="" type="checkbox"/> RU Russian Federation |
| <input checked="" type="checkbox"/> BA Bosnia and Herzegovina | <input checked="" type="checkbox"/> JP Japan | |
| <input checked="" type="checkbox"/> BB Barbados | <input checked="" type="checkbox"/> KE Kenya | <input checked="" type="checkbox"/> SD Sudan |
| <input checked="" type="checkbox"/> BG Bulgaria | <input checked="" type="checkbox"/> KG Kyrgyzstan | <input checked="" type="checkbox"/> SE Sweden |
| <input checked="" type="checkbox"/> BR Brazil | <input checked="" type="checkbox"/> KP Democratic People's Republic of Korea | <input checked="" type="checkbox"/> SG Singapore |
| <input checked="" type="checkbox"/> BY Belarus | <input checked="" type="checkbox"/> KR Republic of Korea | <input checked="" type="checkbox"/> SK Slovakia |
| <input checked="" type="checkbox"/> BZ Belize | <input checked="" type="checkbox"/> KZ Kazakhstan | <input checked="" type="checkbox"/> SL Sierra Leone |
| <input checked="" type="checkbox"/> CA Canada | <input checked="" type="checkbox"/> LC Saint Lucia | <input checked="" type="checkbox"/> TJ Tajikistan |
| <input checked="" type="checkbox"/> CH & LI Switzerland and Liechtenstein | <input checked="" type="checkbox"/> LK Sri Lanka | <input checked="" type="checkbox"/> TM Turkmenistan |
| <input checked="" type="checkbox"/> CN China | <input checked="" type="checkbox"/> LR Liberia | <input checked="" type="checkbox"/> TN Tunisia |
| <input checked="" type="checkbox"/> CO Colombia | <input checked="" type="checkbox"/> LS Lesotho | <input checked="" type="checkbox"/> TR Turkey |
| <input checked="" type="checkbox"/> CR Costa Rica | <input checked="" type="checkbox"/> LT Lithuania | <input checked="" type="checkbox"/> TT Trinidad and Tobago |
| <input checked="" type="checkbox"/> CU Cuba | <input checked="" type="checkbox"/> LU Luxembourg | |
| <input checked="" type="checkbox"/> CZ Czech Republic | <input checked="" type="checkbox"/> LV Latvia | <input checked="" type="checkbox"/> TZ United Republic of Tanzania |
| <input checked="" type="checkbox"/> DE Germany | <input checked="" type="checkbox"/> MA Morocco | <input checked="" type="checkbox"/> UA Ukraine |
| <input checked="" type="checkbox"/> DK Denmark | <input checked="" type="checkbox"/> MD Republic of Moldova | <input checked="" type="checkbox"/> UG Uganda |
| <input checked="" type="checkbox"/> DM Dominica | <input checked="" type="checkbox"/> MG Madagascar | <input checked="" type="checkbox"/> US United States of America |
| <input checked="" type="checkbox"/> DZ Algeria | <input checked="" type="checkbox"/> MX Mexico | <input checked="" type="checkbox"/> UZ Uzbekistan |
| <input checked="" type="checkbox"/> EC Ecuador | <input checked="" type="checkbox"/> MY Malaysia | <input checked="" type="checkbox"/> VC Saint Vincent and the Grenadines |
| <input checked="" type="checkbox"/> EE Estonia | <input checked="" type="checkbox"/> MN Mongolia | <input checked="" type="checkbox"/> VN Viet Nam |
| <input checked="" type="checkbox"/> ES Spain | <input checked="" type="checkbox"/> MW Malawi | <input checked="" type="checkbox"/> YU Serbia and Montenegro |
| <input checked="" type="checkbox"/> FI Finland | <input checked="" type="checkbox"/> MX Mexico | <input checked="" type="checkbox"/> ZA South Africa |
| <input checked="" type="checkbox"/> GB United Kingdom | <input checked="" type="checkbox"/> MZ Mozambique | <input checked="" type="checkbox"/> ZM Zambia |
| <input checked="" type="checkbox"/> GD Grenada | <input checked="" type="checkbox"/> NO Norway | <input checked="" type="checkbox"/> ZW Zimbabwe |
| <input checked="" type="checkbox"/> GE Georgia | | |
| <input checked="" type="checkbox"/> GH Ghana | | |

Check-boxes below reserved for designating States which have become party to the PCT after issuance of this sheet

- ☒ **SC** Seychelles ☒ **Papua New Guinea** ☐
- ☒ **NI** Nicaragua ☒ **Syrian Arab Republic** ☐

Precautionary Designation Statement: In addition to the designations made above, the applicant also makes under Rule 4.9(b) all other designations which would be permitted under the PCT except any designation(s) indicated in the Supplemental Box as being excluded from the scope of this statement. The applicant declares that those additional designations are subject to confirmation and that any designation which is not confirmed before the expiration of 15 months from the priority date is to be regarded as withdrawn by the applicant at the expiration of that time limit. (Confirmation (including fees) must reach the receiving Office within the 15-month time limit.)

Supplemental Box*If the Supplemental Box is not used, this sheet should not be included in the request.*

1. If, in any of the Boxes, the space is insufficient to furnish all the information: in such case, write "Continuation of Box No. ..." (indicate the number of the Box) and furnish the information in the same manner as required according to the captions of the Box in which the space was insufficient, in particular:
- (i) if more than two persons are involved as applicants and/or inventors and no "continuation sheet" is available: in such case, write "Continuation of Box No. III" and indicate for each additional person the same type of information as required in Box No. III. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below;
 - (ii) if, in Box No. II or in any of the sub-boxes of Box No. III, the indication "the States indicated in the Supplemental Box" is checked: in such case, write "Continuation of Box No. II" or "Continuation of Box No. III" or "Continuation of Boxes No. II and No. III" (as the case may be), indicate the name of the applicant(s) involved and, next to (each) such name, the State(s) (and/or, where applicable, ARIPO, Eurasian, European or OAPI patent) for the purposes of which the named person is applicant;
 - (iii) if, in Box No. II or in any of the sub-boxes of Box No. III, the inventor or the inventor/applicant is not inventor for the purposes of all designated States or for the purposes of the United States of America: in such case, write "Continuation of Box No. II" or "Continuation of Box No. III" or "Continuation of Boxes No. II and No. III" (as the case may be), indicate the name of the inventor(s) and, next to (each) such name, the State(s) (and/or, where applicable, ARIPO, Eurasian, European or OAPI patent) for the purposes of which the named person is inventor;
 - (iv) if, in addition to the agent(s) indicated in Box No. IV, there are further agents: in such case, write "Continuation of Box No. IV" and indicate for each further agent the same type of information as required in Box No. IV;
 - (v) if, in Box No. V, the name of any State (or OAPI) is accompanied by the indication "patent of addition," or "certificate of addition," or if, in Box No. V, the name of the United States of America is accompanied by an indication "continuation" or "continuation-in-part": in such case, write "Continuation of Box No. V" and the name of each State involved (or OAPI), and after the name of each such State (or OAPI), the number of the parent title or parent application and the date of grant of the parent title or filing of the parent application;
 - (vi) if, in Box No. VI, there are more than three earlier applications whose priority is claimed: in such case, write "Continuation of Box No. VI" and indicate for each additional earlier application the same type of information as required in Box No. VI;
 - (vii) if, in Box No. VI, the earlier applications is an ARIPO application: in such case, write "Continuation of Box No. VI", specify the number of the item corresponding to that earlier application and indicate at least one country party to the Paris Convention for the Protection of Industrial Property for which that earlier application was filed.
2. If, with regard to the precautionary designation statement contained in Box No. V, the applicant wishes to exclude any State(s) from the scope of that statement: in such case, write "Designation(s) excluded from precautionary designation statement" and indicate the name or two-letter code of each State so excluded.
3. If the applicant claims, in respect of any designated Office, the benefits of provisions of the national law concerning non-prejudicial disclosures or exceptions to lack of novelty: in such case, write "Statement concerning non-prejudicial disclosures or exceptions to lack of novelty" and furnish that statement below.

Continuation of Box IV

G. PETER ALBERT, JR.
 WESLEY B. AMES
 SANJEEV H. DHAND
 STEPHEN E. REITER
 RICHARD M. SAN PIETRO
 EDWARD D. ROBINSON
 TERESA SPEHAR
 STACY L. TAYLOR
 RICHARD J. WARBURG
 ARTHUR A. WELLMAN JR.
 MICHAEL A. WHITTAKER
 BARRY S. WILSON

CONTINUATION OF BOX NO. V

US 60/397,319 filed 19 July 2002 (19.07.02)

Sheet No. 6

Box No. VI PRIORITY CLAIM				
<input type="checkbox"/> Further priority claims are indicated in the Supplemental Box.				
Filing date of earlier application (day/month/year)	Number of earlier application	Where earlier application is:		
		national application: country	regional application: regional Office	international application: receiving Office
Item (1) 19 July 2002 (19.07.02)	60/397,319	US		
Item (2)				
Item (3)				
Item (4)				
Item (5)				

☐ Further priority claims are indicated in the Supplemental Box.

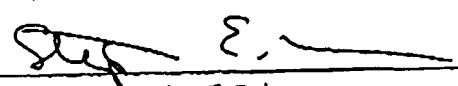
The receiving Office is requested to prepare and transmit to the International Bureau a certified copy of the earlier application(s) (only if the earlier application was filed with the Office which for the purposes of the present international application is the receiving Office) identified above as:

☐ all items ☒ item(1) ☐ item(2) ☐ item(3) ☐ item(4) ☐ item(5) ☐ other, see Supplemental Box

* Where the earlier application is an AIPO application, it is mandatory to indicate in the Supplemental Box at least one country party to the Paris Convention for the Protection of Industrial Property for which that earlier application was filed (Rule 4.10(b)(ii)). See Supplemental Box.

Box No. VII INTERNATIONAL SEARCHING AUTHORITY	
Choice of International Searching Authority (ISA) (If two or more International Searching Authorities are competent to carry out the international search, indicate the Authority chosen; the two-letter code may be used):	
ISA/US	
Request to use results of earlier search; reference to that search (If an earlier search has been carried out by or requested from the International Searching Authority):	
Date (day/month/year)	Number Country (or regional Office)

Box No. VIII DECLARATIONS		
The following declarations are contained in Boxes Nos. VIII (i) to (v) (mark the applicable check-boxes below and indicate in the right column the number of each type of declaration):		
<input type="checkbox"/> Box No. VIII(i)	Declaration as to the identity of the inventor	Number of declarations
<input type="checkbox"/> Box No. VIII(ii)	Declaration as to the applicant's entitlement, as at the international filing date, to apply for and be granted a patent	:
<input type="checkbox"/> Box No. VIII(iii)	Declaration as to the applicant's entitlement, as at the international filing date, to claim the priority of the earlier application	:
<input type="checkbox"/> Box No. VIII(iv)	Declaration of inventorship (only for the purposes of the designation of the United States of America)	:
<input type="checkbox"/> Box No. VIII(v)	Declaration as to non-prejudicial disclosures or exceptions to lack of novelty	:

Box No. VIII CHECK LIST: LANGUAGE OF FILING		
This international application contains:		This international application is accompanied by the following item(s) (mark the applicable check-boxes below and indicate in right column the number of each item):
(a) the following number of sheets in paper form:		
Request (including declaration sheets)	: 7	1. <input checked="" type="checkbox"/> fee calculation sheet
Description (excluding sequence listing part)	: 132	2. <input type="checkbox"/> original separate power of attorney
Claims:	: 4	3. <input type="checkbox"/> original general power of attorney
Abstract	: 1	4. <input type="checkbox"/> copy of general power of attorney; reference number, if any:
Drawings	: 55	7. <input type="checkbox"/> statement explaining lack of signature
Sub-total number of sheets	: 199	6. <input type="checkbox"/> priority document(s) identified in Box No. VI as item(s):
Sequence listing part of description (actual number of sheets if filed in paper form, whether or not also filed in computer readable form: see (b) below)		7. <input type="checkbox"/> translation of international application into (language):
Total number of sheets	: 199	8. <input type="checkbox"/> separate indications concerning deposited microorganism or other biological material
Sequence listing of description filed in computer readable form		9. <input type="checkbox"/> sequence listing in computer readable form (indicate also type and number of carriers (diskette, CD-ROM, CD-R or other))
(i) <input type="checkbox"/> only (under Section 801(a)(i))		(i) <input type="checkbox"/> copy submitted for the purposes of international search under Rule 13ter only (and not as part of the international application)
(ii) <input type="checkbox"/> in addition to being filed in paper form (under Section 801(a)(ii))		(ii) <input type="checkbox"/> (only where check-box (b)(i) or (b)(ii) is marked in left column) additional copies including, where applicable, the copy for the purposes of international search under Rule 13ter
Type and number of carriers (diskette, CD-ROM, CD-R or other) on which the sequence listing part is contained (additional copies to be indicated under item 9(ii), in right column):		(iii) <input type="checkbox"/> together with relevant statement as to the identity of the copy or copies with the sequence listing part mentioned in left column
Figure of the drawings which should accompany the abstract:		10. <input checked="" type="checkbox"/> other (specify): Transmittal letter, check and post card
Language of filing of the international application: English		
Box No. IX SIGNATURE OF APPLICANT OR AGENT		
Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the request).		
 Stephen E. Reiter		

For International Bureau use only	
1. Date of actual receipt of the purported international application:	2. Drawings: <input type="checkbox"/> received: <input type="checkbox"/> not received:
3. Corrected date of actual receipt due to later but timely received papers or drawings completing the purported international application:	
4. Date of timely receipt of the required corrections under PCT Article 11(2):	
5. International Searching Authority (if two or more are competent): ISA/	
6. <input type="checkbox"/> Transmittal of search copy delayed until search fee is paid	

For International Bureau use only	
Date of receipt of the record copy by the International Bureau:	

This sheet is not part of and does not count as a sheet of the international application.

PCT
FEE CALCULATION SHEET
Annex to the Request

For receiving Office use only

International application No.

Date stamp of the receiving Office

Applicant's or agent's
file reference

SDUC11001-WO

Applicant

THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, et. al.

CALCULATION OF PRESCRIBED FEES

1. TRANSMITTAL FEE

240.00

T

2. SEARCH FEE

700.00

S

International search to be carried out by ISA/US

(If two or more International Searching Authorities are competent in relation to the international application, indicate the name of the Authority which is chosen to carry out the international search.)

3. INTERNATIONAL FEE

Basic Fee

The international application contains 199 sheets

first 30 sheets

476.00

b1

169 remaining sheets x 12.00 additional amount =

2,028.00

b2

Add amounts entered at b1 and b2 and enter total at B

2,504.00

B

Designation Fee

The international application contains 96 designations.

5

x 104.00 =

520.00

D

Number of designation fees payable (maximum 5) amount of designation fee

Add amounts entered at B and D and enter total at I
(Applicants from certain States are entitled to a reduction of 75% of the international fee. Where the applicant is (or all applicants are) so entitled, the total to be entered at I is 25% of the sum of the amounts entered at B and D.)

3,024.00

I

4. FEE FOR PRIORITY DOCUMENT (if applicable)

20.00

P

5. TOTAL FEES PAYABLE

Add amounts entered at T, S, I and P, and enter total in the TOTAL box

3,984.00

TOTAL

☐ The designation fee is not paid at this time.**MODE OF PAYMENT**☒ authorization to charge
deposit account (see below)☒ cheque☐ postal money order☐ bank draft☐ cash☐ revenue stamps☐ coupons☐ other (specify):**DEPOSIT ACCOUNT AUTHORIZATION** *(this mode of payment may not be available at all receiving Offices)*The RO/ US ☐ is hereby authorized to charge the total fees indicated above to my deposit account.☒ *(this check-box may be marked only if the conditions for deposit accounts of the receiving Office so permit)* is hereby authorized to charge any deficiency or credit any overpayment in the total fees indicated above to my deposit account.☐ is hereby authorized to charge the fee for preparation and transmittal of the priority document to the International Bureau of WIPO to my deposit account.

50-0872

Deposit Account No.

18 July 2003

Date (day/month/year)

Signature Stephen E. Reiter (Reg. No. 31,192)

TRANSMITTAL LETTER TO THE UNITED STATES RECEIVING OFFICE

Date	18 July 2003
International Application No.	Unknown
Attorney Docket No.	SDUC1100WO

I. Certification under 37 CFR 1.10 (if applicable)

EL990325373US
Express Mail mailing number

18 July 2003
Date of Deposit

I hereby certify that the application/correspondence attached hereto is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to Mail Stop PCT, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.


Signature of person mailing correspondence

Ruth Sabula
Typed or printed name of person mailing correspondence

II. [X] New International Application

TITLE	DENDRIMERS AS MOLECULAR TRANSLOCATORS	Earliest priority date (Day/Month/Year)
		19 July 2002

SCREENING DISCLOSURE INFORMATION: In order to assist in screening the accompanying international application for purposes of determining whether a license for foreign transmittal should and could be granted and for other purposes, the following information is supplied. (Note: check as many boxes as apply):

- A. [] The invention disclosed was not made in the United States.
- B. [] There is no prior U.S. application relating to this invention.
- C. [X] The following prior U.S. application(s) contain subject matter which is related to the invention disclosed in the attached international application. (NOTE: priority to these applications may or may not be claimed on form PCT/RO/101 (Request) and this listing does not constitute a claim for priority)

Application no.	60/397,319	Filed:	19 July 2002 (19.07.02)
Application no.		Filed:	

- D. [] The present international application [] is identical to [] contains less subject matter than that found in the prior U.S. application(s) identified in paragraph C above.
- E. [X] The present international application [X] contains additional subject matter not found in the prior U.S. application(s) identified in paragraph C above. The additional subject matter is found throughout the application and [X] DOES NOT ALTER [] MIGHT BE CONSIDERED TO ALTER the general nature of the invention in a manner which would require the U.S. application to have been made available for inspection by the appropriate defense agencies under 35 U.S.C. 181 and 37 CFR 5.1. See 37 CFR 5.15.


III. [] A Response to an Invitation from the RO/US. The following document(s) is(are) enclosed:

- A. [] A Request for An Extension of Time to File a Response
- B. [] A Power of Attorney Form
- C. [] Replacement pages:

pages		of the request (PCT/RO/101)	pages		of the figures
pages		of the description	pages		of the
pages		of the claims			

- D. [] Submission of Priority Documents
- E. [X] Fees as specified on attached Fee Calculation sheet form PCT/RO/101 annex

- IV. [] A Request for Rectification under PCT Rule 91 [] A Petition [] A Sequence Listing Diskette
 - V. [X] Other (please identify): Fee Sheet, Check and Postcard
- The person signing this form is the: [] Applicant [X] Attorney/Agent (Reg. No. 31,192) [] Common Representative

Typed name of signer	Stephen E. Reiter	Signature	
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